

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875.

SERIAL NO. 09/701947

APPLICANTS.

CLAIMS

✓	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
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TOTAL IND.	/				
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS		████████	████████	████████	████████

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔	
TOTAL DEP.		↔	
TOTAL CLAIMS		████████	████████